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FACSIMILE COVER SHEET

DATE: JUNE 12, 2007

NUMBER OF PAGES (INCLUDING
THIS TRANSMITTAL COVER SHEET): 10

YOUR REFERENCE:

OUR REFERENCE: 504096 (381-1001)

To: UNITED STATES PATENT AND TRADEMARK OFFICE

TELEPHONE NUMBER:

FACSIMILE NUMBER: 1-571-273-8300

FROM: ROBERT V. JAMBOR, ESQ.
LEYDIG, VOIT & MAYER, LTD.
6815 WEAVER ROAD, SUITE 300
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DIRECT LINE: (815) 963-7661

MESSAGE:IN RE. PATENT APPL. OF: SAUSNER ET AL.
APPL. NO.: 10/796,934
FILED: MARCH 9, 2004
FOR: SHEATHED METAL TUBE AND METHOD THEREFOR**FACSIMILE CONSISTS OF:**FAX COVER SHEET (1 PAGE)
AMENDMENT TRANSMITTAL (1 ORIGINAL AND 1 COPY)
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NO. 5600 P. 2

FORM PTO-1083

PATENT

Attorney Docket No. 388-1001
 LVM Reference No. 504096
 Date: June 12, 2007

In re Application of: Sausner et al.

Application No. 10/796,934

Filed: March 9, 2004

For: SHEATHED METAL TUBE AND METHOD THEREFOR

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Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a reply to office action in the subject application.

☐ Small entity status is claimed for this application under 37 CFR 1.27.☒ Petition for an extension of time for the period noted below, as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.☐ Other:☒ Please charge Deposit Account No. 12-1216 in the total amount indicated below. A duplicate copy of this transmittal sheet is enclosed herewith.

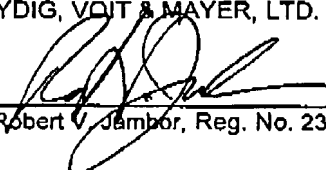
| | | | | | SMALL ENTITY | | OTHER THAN A SMALL ENTITY | |
|-----------------------------------------------|--------------------------------------|-------|------------------------------------|----------------------|--------------|-----------------|---------------------------|-----------------|
| TIME EXTENSION PETITION FEE | | none | | | \$ 0.00 | | \$ 0.00 | |
| subtract time extension fee previously paid | | none | | | (\$ 0.00) | | (\$ 0.00) | |
| | | | | | | | | |
| CLAIM FEE | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | EXTRA CLAIMS PRESENT | RATE | ADD'L CLAIM FEE | RATE | ADD'L CLAIM FEE |
| TOTAL | 28 | MINUS | 24 | = 4 | x 25 = | \$ | x 50 = | \$200.00 |
| INDEPENDENT | 4 | MINUS | 4 | = 0 | x 100 = | \$ | x 200 = | \$0.00 |
| <input type="checkbox"/> | FIRST PRESENTATION OF MULTIPLE CLAIM | | | | + 180 = | \$ | + 360 = | \$ |
| | | | | | | | | |
| TOTAL AMOUNT TO BE CHARGED TO DEPOSIT ACCOUNT | | | | | TOTAL | \$ | TOTAL | \$200.00 |

☒ The Commissioner is hereby authorized to charge any deficiencies in the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-1216.☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

LEYDIG, VOIT & MAYER, LTD.

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By 
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